Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Γ-,	OTAL CLAIMAC		(Column	-	(Colu	ımn 2)	TYP	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			19	15				ATE	FEE	]	RATE	FEE ·	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			15 mir	15 minus 20=		· 0		\$ 9=		OR	XS18=	-	
INDEPENDENT CLAIMS			4 minus 3 = *			7		43=		OR	X86=	86	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+1	145=		OR			
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	LTC	OTAL	-	OR	TOTAL	856	
CLAIMS AS AMENDED - PART II								-		] -	OTHER		
		(Column 1)		(Column 2) (Column 3)				IALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	XS	S 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X	43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DE-	PENDENI	CLAIM		+1	45=		OR	+290=		
								TOTAL			TOTAL		
		(Onlymp 1)		T. FEE		OR ,	ADDIT. FEE						
		(Column 1) CLAIMS	7	(Colum HIGHE		(Column 3)			4 D D I	1 [		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RA	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	×s	9=	_	OR	X\$18=		
AME	Independent	*	Minus	***	3: 3104	=	X4	3=		OR	X86=		
لـــا	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		+14	15_			+290=		
•								OTAL		OR	TOTAL		
ADDIT.										OR ,	ADDIT. FEE	<del>'</del>	
• [		(Column 1)		(Colum HIGHE		(Column 3)							
ENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER USLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus	***		=	X4:	3=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		-		—				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR													
7	he "Highest Num"	ber Previously Paid	For (Total or	Independer	it) is the	highest number f	found in t	he appr	opriate box	in colu	ımn 1.		